
Facsimile Cover Sheet



To: Mail Stop Issue Fee
Company: USPTO
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From: Mary Stickle
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Date: October 4, 2007

Pages including this cover page: 3

Re: Form PTOL-85, Part B – Fee Transmittal (in duplicate) for
U.S. Serial No. 10/661,366 filed on 09/12/2003
Baxter Docket No. R-276.00

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I hereby certify that the above-identified document is being transmitted (in duplicate) by facsimile to: Fax No. (571) 273-2885 – Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 4, 2007.

By Mary Stickle
Mary Stickle

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Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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09/04/2007

BAXTER HEALTHCARE CORPORATION
ONE BAXTER PARKWAY
MAIL STOP DF2-2E
DEERFIELD, IL 60015

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Mary Stickle

(Depositor's name)

Mary Stickle

(Signature)

October 4, 2007

(Date)

10/05/2007 FHETEKI2 00000068 021440 10661366

01 FC:1501 1440.00 DA

02 FC:1501 APPLICATION 990.00 DA FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/661,366

09/12/2003

Randolf Kerschbaumer

20695C-006400US

6755

TITLE OF INVENTION: FACTOR IXA SPECIFIC ANTIBODIES DISPLAYING FACTOR VIIIA LIKE ACTIVITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/04/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SZPERKA, MICHAEL EDWARD	1644	424-146100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Townsend and Townsend
and Crew LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter International Inc.

Baxter Healthcare S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Deerfield, IL

Zurich, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Patrick S. Eagleman

Registration No. 44,665

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